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To: Entire Sales Force
Terri Sears

From: Lance Colwell

No: 45

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1999 AMERICAN PAIN SOCIETY GUIDELINES (fourth edition)

In the next week or so, you will be receiving an auto shipment of fifty American Pain Society (APS) 1999 Guidelines for your use in the field. Healthcare professionals consider the APS guidelines to be a highly respected resource. The guidelines can be an effective tool for selling our products. Below are some of the beneficial points these guidelines provide:

1. "Research has shown that the most common reason for unrelieved pain in U.S. hospitals is the failure of staff to routinely assess pain and pain relief." (pg. 3) (Great documentation to justify in-services in hospitals)
2. Oxycodone listed in tables for both mild/moderate and severe pain. (pgs. 8 & 14)
3. Standard NSAID warnings. (pgs. 10-13)
4. Dose limitation of combo products. (pg. 13)
5. 1.5 to 1 conversion rate of morphine to OxyContin®. (pg. 14) (Improvement from earlier 1 to 1 ratio.)
6. Methadone warning: accumulates with repeated dosing. (pg. 15)
7. Oral is the preferred route. (pg. 16)
8. Opioids with long elimination half-lives (e.g. methadone, levorphanol) are not recommended for patients needing aggressive titration. (pg. 17)
9. Transdermal fentanyl should not be used for post-op. (pg. 19)
10. Patch conversion: 25 mcg = 45 mg a day of oral morphine.
11. "There is a lag in absorbing fentanyl ... it takes 12-16 hours to see a substantial therapeutic effect and 48 hours to reach steady state." (pg. 20)
12. Warning that Actiq® must be kept out of reach of children. (pg. 21)

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CIRCUIT COURT)

13. Supports around-the-clock dosing (not p.r.n.). (pg. 22)
14. "Preference for a long duration of action. Sustained-release opioid preparations are among the most important recent innovations in analgesic treatment because they lessen severity of end-of-dose pain and often allow patients to sleep through the night." (pg. 23)
15. Treat constipation with senna & dioctyl sodium (SenaKot-S®). (pg. 30)
16. Information on addiction. (pgs. 33-34)
17. PCA not recommended when oral will work. (pg. 40)

Because this document is published by an outside independent association, there may be a few items which are unfavorable to us. Below are a few that we would like you to be aware of:

1. Expanded Transdermal Section (pgs. 19-20)
 - Provides continuous infusion without pumps or needles
 - Less constipation than with oral preparations
 - "Extremely convenient"
2. Oral Transmucosal Fentanyl Citrate (OTFC) Section. (pgs. 20-21)
 - Plasma concentrations peak at approximately 5-10 minutes
 - Several dosage forms for Actiq.
 - Usage for pre- and post-surgical pain
3. End of dose breakthrough with long acting agents usually respond more favorably to a shortening of the dosing interval. (pg. 23)
4. Use route that minimizes drug concentrations at the site producing the side effect. Transdermal may be preferable ... (pg. 31)
5. Tolerance is a common occurrence switch to alternate opioid. (pg. 32-33)
6. We do not recommend routine use of any sustained-release form of systemic opioid for acute post-operative pain. (pg. 41)

Although there are a few items which do not help promote our products the benefits of these guidelines outweigh any negatives. The idea is to focus in on the specific issue you are trying to convey and use the guidelines as a proof source.

Good luck in your selling efforts!

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